



OHIO DEPARTMENT OF PUBLIC SAFETY
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street
P.O. Box 182001
Columbus, OH 43218-2001
PHONE (614) 466-4130 FAX (614) 466-0342
www.pisgs.ohio.gov

PISGS

EMPLOYEE REGISTRATION APPLICATION

Affix a 2 x 2 passport style color photograph of the registrant no more than one year old in this space.

Copies of driver license photos are not accepted; no head gear or sunglasses.

Write the registrant's name on the back of the photo and affix to this space. Use glue or clear tape only.

Use this form to register new employees, file a change-of-name or request a replacement identification card.

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- If you are applying for initial registration and firearm bearer notation at the same time, this form must be used in conjunction with the Firearm-Bearer Notation Application (PSU 0016).

CLASS OF REGISTRATION (CHECK ONE)

- Private Investigator & Security Guard Registration (A)
 Private Investigator Registration (B)
 Security Guard Registration Only (C)

PURPOSE OF APPLICATION (CHECK ONE)

- New Registration / Late Renewal / Rehire w/Rap Back - \$ 40.00
 Replacement Card - \$ 5.00
 Name Change - \$ 5.00
 Class Change - \$ 5.00

LICENSEE INFORMATION

| | | | | | |
|----------------------------|--|-------|-----------------|----------------|----------|
| COMPANY NAME | | | LICENSEE FILE # | | |
| TRADE NAME (IF APPLICABLE) | | | | | |
| ADDRESS (PHYSICAL ADDRESS) | | | CITY | | STATE |
| | | | | | ZIP CODE |
| DAYTIME PHONE # | | FAX # | | E-MAIL ADDRESS | |

EMPLOYEE REGISTRATION INFORMATION

| | | | | | | |
|------------------------------|----------------|------------------|-----------|------------------|----------------|---------------|
| FIRST NAME | | MI | LAST NAME | | SUFFIX | SSN |
| HOME ADDRESS (NO P.O. BOXES) | | | | PHONE # | | DATE OF BIRTH |
| CITY | | | | STATE | ZIP CODE | COUNTY |
| CITY OF BIRTH | STATE OF BIRTH | COUNTRY OF BIRTH | | HEIGHT | WEIGHT LBS. | HAIR COLOR |
| HIRE DATE | | SCARS AND MARKS | | | | |
| DATE FINGERPRINTS SUBMITTED | | | | AUTHENTICATION # | | |

NAME CHANGE REQUESTS Complete former name information if applying for a name change. Include copy of new Social Security Card.

| | | |
|-------------------|--------------------|------------------|
| FORMER FIRST NAME | FORMER MIDDLE NAME | FORMER LAST NAME |
|-------------------|--------------------|------------------|

VETERAN INFORMATION (OPTIONAL)

Are you or your spouse a veteran or active member of the United States Armed Forces? Yes No
 If yes, attach a copy of your or your spouse's DD214 or current military ID for verification purposes.

PUBLIC RECORD AVAILABILITY (Ohio Revised Code [R.C.] 149.43)

Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal identification and investigation? Yes No

CERTIFICATION

I have I have not been convicted of a felony within the past three years.
 I have I have not been convicted of a misdemeanor within the past twelve months.

By signing this document, I attest that all of the information I have provided is true and accurate to the best of my knowledge. I understand that if I knowingly make a false statement on this application, I may be subject to criminal prosecution, and potential disciplinary action, including the denial, suspension, or revocation of my registration. I authorize PISGS to enroll me in the retained applicant fingerprint database and, as a result, I understand PISGS will continually monitor my criminal history for any new arrest information.

| | | |
|------------------------|-----------------------------------|------|
| PRINT NAME OF EMPLOYEE | SIGNATURE OF EMPLOYEE X | DATE |
|------------------------|-----------------------------------|------|

I have read the information provided by the applicant and have no reason to believe that it is false or misleading.

| | | |
|--------------------------------|---|------|
| PRINT NAME OF QUALIFYING AGENT | SIGNATURE OF QUALIFYING AGENT X | DATE |
|--------------------------------|---|------|